

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 3006		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBELEY MO</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RANDOLPH</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBELEY MO</u> d. STREET ADDRESS (If rural, give location) <u>1040 WEST END</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>BYODY</u> c. (Last) <u>COLEMAN</u>		4. DATE OF DEATH (Month) <u>DEC</u> (Day) <u>28</u> (Year) <u>1950</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>BROWN</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB-17-1860</u>		9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY LEE COLEMAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>SPANISH AMERICAN</u>		16. SOCIAL SECURITY NO. <u>177X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Lee Coleman</u> ADDRESS <u>1040 west end</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of the prostate</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>unknown at least 5 yrs</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 29</u> , 19 <u>50</u> , to <u>Dec. 28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 26</u> , 19 <u>50</u> , and that death occurred at <u>12.32 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clemence C. Cohen M.D.</u>				23b. ADDRESS <u>300 W. Reed, Moberly, Mo.</u>		23c. DATE SIGNED <u>Jan 8 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>JAN-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 1-51</u>		REGISTRAR'S SIGNATURE <u>Seah Bureau</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Carr</u>		ADDRESS <u>Moberly MO</u>	

MAR 27 1951

NO FEE
PAID

JAN 16 1951

JAN 24 1951

JAN 17 1951

Date Received: JAN 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-62
Date Filed: JAN 15 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address *Moberly Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.